

Better diets for a better future: A food system perspective in South Asia

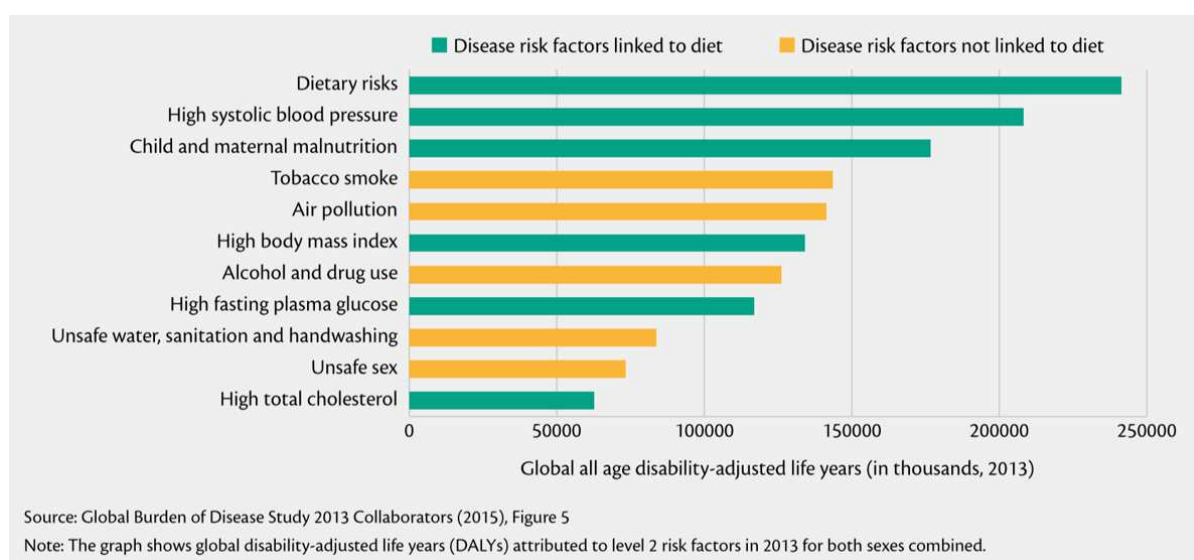


Global Panel
on Agriculture
and Food Systems
for Nutrition

A growing nutritional crisis

Despite substantial global progress in reducing hunger and undernutrition in the past 25 years, malnutrition in all its forms currently affects one in three people worldwide.¹ The risk that poor diets pose to mortality and morbidity is now greater than the combined risks of unsafe sex, alcohol, drug and tobacco use (see Figure 1).

Figure 1: Six of the top 11 risk factors driving the global burden of disease are related to diet



In economic terms, across Asia, the estimated impact of undernutrition on gross domestic product (GDP) is 11% every year – more than the annual economic downturn caused by the global financial crisis of 2008-10.² While agriculture has the potential to be a strong driver of reductions in undernutrition, increases in food production alone will not automatically lead to improvements in final nutrition outcomes.³

Regional and national food systems need to be repositioned from just supplying food to providing high-quality diets for all. This will require policy initiatives far beyond agriculture to encompass trade, the environment, and health, and which harness the power of the private sector and empower consumers to demand better diets.

“This paper highlights the risks posed by the double burden of malnutrition in South Asia, where overweight and obesity exist alongside undernutrition.”

Prof. K. Srinath Reddy, President of the Public Health Foundation of India, and Panel Member

Progress and challenges in South Asia

Much has already been achieved in South Asia in the drive to address undernutrition and in tackling the multiple challenges at the nexus of agriculture, food and nutrition. The latest round of data from the Sample Registration Survey⁴ shows that India is set to achieve its millennium development goal (MDG) for under-five mortality by next year, which is a great achievement.

In both India and Bangladesh, progress in reducing stunting in children under age five have been achieved over the last two decades (47.9% to 38.8% in eight years and 59% to 40% in fourteen years, respectively)⁵. In Sri Lanka there have been great improvements in infant and young child feeding practices over a 10-year period⁶, while in Nepal, anaemia among women of reproductive age has fallen by 31% over the past eight years.⁷

Despite these gains, several major diet-related challenges still need to be addressed (see Box 1).

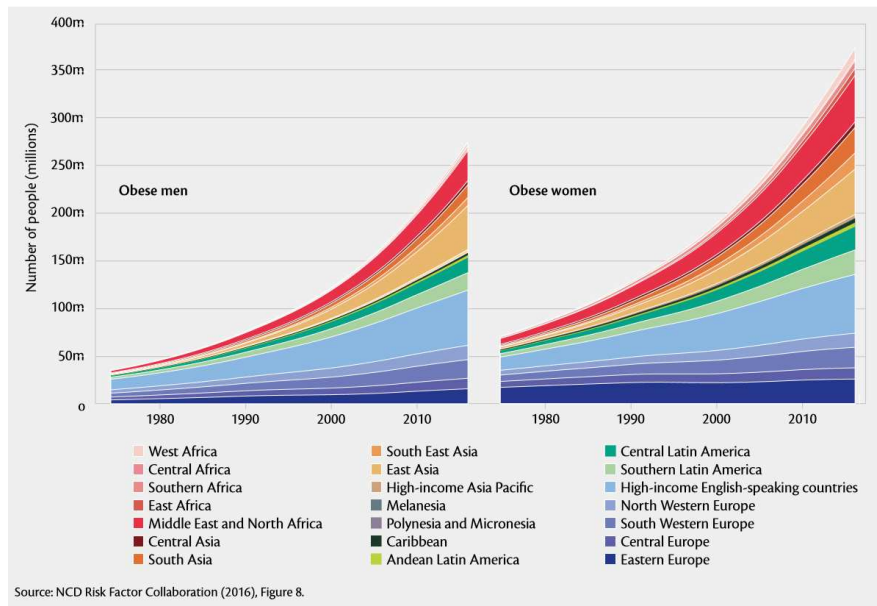
Box 1. The multiple diet-related challenges faced by South Asian countries

- In South Asia, approximately 38% of children under 5 years of age are stunted. While the prevalence of stunting in the region has declined by over a third since 1990 (from 61% in 1990 to 39% in 2011), three of the six countries that have the highest number of stunted children in the world are in South Asia.⁸
- Stunting prevalence in India, Pakistan and Bangladesh is 48, 44, and 36% respectively, with India far exceeding other countries in terms of the numbers of stunted children.⁹
- Less than half (48%) of South Asian infants 0–5 months old are exclusively breastfed; and only 21% of children 6–23 months old are fed a diet that meets the minimum requirements in terms of feeding frequency and diet diversity.¹⁰
- Between 1995 and 2011, South Asia had the highest number of children and pregnant and non-pregnant women with anaemia when compared to other regions.¹¹

Over the next 20 years, the “double burden” of malnutrition, where overweight and obesity exist alongside undernutrition, and the associated increase in diet-related non-communicable diseases (NCDs) will pose increasingly serious challenges to South Asian policy makers:

- Today, the prevalence of overweight and obesity for South Asian women is almost the same as the prevalence of underweight.¹² Projections of these indicators suggest the situation is going to get much worse by 2030 (see Figure 2).¹³
- Hunger will continue to be a major issue that food systems need to address in South Asia in 2035. With a ‘business as usual’ scenario, by 2030, projections indicate there will still be 188 million calorie deficient people in South Asia.¹⁴
- In Bangladesh, although hunger remains an issue, dietary challenges will also include lowering consumption of some dietary components, such as sugar sweetened beverages, sodium and transfat. For example, the country has the 99th highest estimated prevalence of diabetes (out of 190 countries) and it is expected to have more adults with diabetes than Mexico or Indonesia by 2030.

Figure 2: Global trends in the numbers of men and women affected by obesity:1980-2010



This scenario can be amplified by the fact that nutritional insults occurring during the intra-uterine period at critical time points during development can set trajectories for growth in later life that predispose South Asians to higher risk for obesity, at least a decade earlier and at levels of body weight that are lower compared to Western populations.¹⁵

If governments want to achieve the Sustainable Development Goals (SDGs) target of ending all forms of malnutrition by 2030, they will need to invest in nutrition¹⁶ and to ensure that all parts of food systems work together to deliver high-quality diets. This process will require cross-disciplinary, multi-sectoral, public-private, and local and regional cooperation aligned with fundamental shifts in policy actions.

Food systems are not delivering healthy diets

Today's food systems are too focused on food quantity and not enough on quality. They are changing rapidly and not helping consumers to make healthy and affordable food choices consistent with optimal nutrition outcomes.

In India, for example, between 80-85% of the country's population consume processed foods (e.g. package foods, baked goods, noodles), leading to a shift towards energy-dense foods and away micronutrient rich foods.¹⁷ The demand of ready-to-eat processed foods and meals outside home have soared over the last decades due to rapid urbanization, income growth and constraints on women's time.¹⁷ Other food systems drivers that have contributed to shifting diets away from fresh fruits and vegetables to processed foods include food policies focused on the production of staple foods; partial liberalisation of Foreign Direct investment (FDI) impacting many sub-sectors, especially agro-processing; and the emergence of modern retail sector, such as fair price shops and supermarkets.¹⁸

In the longer term, food systems will be subject to major stresses resulting from important external influences:

- **Population growth:** In the next 35 years, South Asia's population will increase substantially in absolute terms¹⁹ and the ratio of those of working age to those of non-working will reach peak. This will require a focus on improving the nutrition of infants and young children, to support their cognitive development and achievements in school.²⁰
- **Income growth:** South Asia is expected to have the fastest growing annual growth in real per capita GDP, by 2030.²¹ But as this report shows, rising incomes alone will not improve the quality of people's diets. As incomes increase, food scarcity diminishes but the cost of many nutritious foods remains high and the ability to purchase foods that do not support high-quality diets, e.g. ultra-processed foods, increases. The effects of income growth on diets will also depend on how evenly that growth is shared within counties.²²
- **Urbanisation:** The percentage of the world's population that lives in urban areas is increasing steadily, and most rapidly in Africa and Asia.²³ The challenge is to find ways of strengthening the positive links between urbanisation and diet quality while not blunting its ability to help reduce hunger and undernutrition.
- **Climate change:** By 2050, the estimated impact of elevated carbon dioxide on the zinc content of grains, tubers and legumes, could place 138 million people at new risk of zinc deficiency (and hence at risk of diarrheal diseases), with 48 million in India alone.²⁴
- **Depletion of natural resources:** Water shortages, increasing rainfall volatility and erosive run-off are also expected to be aggravated due to climate change. The principal grain producing regions of northwest India and northeast Pakistan have all experienced high rates of groundwater depletion. Currently, agriculture consumes more than 70% of freshwater but with rising demand from industrial, energy and domestic uses, irrigation systems will need to adopt more water-efficient methods of use if food yields are to be maintained.²⁵

It is essential that policy makers think through the consequences of all of these drivers of change for their own food systems (See Box 2). The good news is that there are many ways in which policy makers can reshape food systems.

Box 2. Underlying driver typologies and the dietary challenges they generate

In order to ensure that food systems will deliver high-quality diets and improve nutrition outcomes, policy makers will need to identify the diet issues that their specific contextual drivers are likely to push them towards.

Bangladesh, for example, is a low-income country that has to address different contexts within its border. Two-thirds of the population is rural, has a low level of natural capital and has relatively low levels of globalization according to the KOF Index¹. Clearly, hunger remains an issue in Bangladesh, diet quality is low and food systems need to be made more resilient. These are the challenges for the food system to address. But the context is complicated by the fact that the other one third of the population is urban. In these areas, market liberalization will be higher and dietary challenges will include the lowering of consumption of some diet components, such as sugar sweetened beverages, sodium and transfat. For example, Bangladesh has the 99th highest estimated prevalence of diabetes (out of 190 countries).

(Foresight new report for more details on the underlying driver typologies).

¹The KOF Index of Globalization measures the three main dimensions of globalization: Economic, social and political. For more information see: <http://globalization.kof.ethz.ch/>

A call to action

The Sustainable Development Goals and 2016–2025 UN Decade of Action for Nutrition provide opportunities to place the improvement of diet quality through food systems at the centre of global action.

In South Asia, specific priorities for action need to focus on: the malnutrition ‘double burden’ where undernutrition co-exists with over-nutrition, climate change effects on food quality and availability, and inequalities in South Asian countries. They should include:

- 1. Focusing food and agriculture policies on securing diet quality for infants and young children.** Despite WHO guidance, the percentage of babies (0 to 5 months) who are exclusively breastfed still under 50% in Asia,²⁶ and only a small proportion of infants are meeting minimum recommended dietary standards. Policies are needed to promote optimum nutrition in the first 1,000 days of life, which has been identified as a critical period for preventing child morbidity and mortality and ensuring adequate growth.
- 2. Improving adolescent girl and adult women’s diet quality as a priority in all policy making that shapes food systems.** Women are particularly vulnerable to the health impacts of low-quality diets because of their higher nutrition requirements and because of their disempowerment in some cultures. For example, over half of adolescent girls in low and middle income countries do not get micronutrients that are vital for their health and any babies they might give birth to.²⁷
- 3. Making fruits, vegetables, pulses, nuts and seeds much more available, more affordable and safe for all consumers.** They offer considerable benefits in terms of diet quality. Looking towards 2030, in South Asia, health gains will be realised mainly through increases in fruits and vegetable consumption.²⁸
- 4. Making policies which regulate product formulation, labelling, advertising, promotion and taxes a high priority.** Much of the recent growth over the 2000-2015 period in ultra-processed foods and beverages in low- and middle-income countries can be explained by the East Asia & Pacific and South Asia regions.²⁹ Policies are needed to create disincentives for companies to allocate resources to forms of processing that undermine diet quality, along with educating consumers of the adverse health effects of consuming these products more than occasionally.
- 5. Recognising animal source foods (e.g. dairy, eggs, fish and meat) as important nutrient sources.** Policy support for these foods should be pragmatically and evidence-based rather than driven by ideology. Low income infants, children, adolescents and women of reproductive age will find it extremely hard to meet nutrient requirements in the absence of these foods.
- 6. Institutionalising high-quality diets through public sector purchasing power.** Food provided in schools, hospitals, across the armed forces and in the prison system should be of the highest dietary benefit to the consumer. This approach has the potential to shape the norms around foods that contribute to high-quality diets and incentivise suppliers and contractors to align their value chains accordingly.
- 7. Refocus agriculture research investments globally to support healthy diets and good nutrition.** Much more investment in research on fruits and vegetables, animal source foods, legumes, nuts and seeds is urgently required.

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